



## A. GENERAL INFORMATION

## B. GENERAL INSPECTION FINDINGS

If NO, describe why not:

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

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3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☐ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☐ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☐ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

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**NOTE:** Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.



**NOTE:** Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

1. Brief Description:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 2. Are any control measures in need of maintenance or repair? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have any control measures failed and require replacement?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are any additional/revised BMPs necessary in this area?    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_:

1. Brief Description:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 2. Are any control measures in need of maintenance or repair? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have any control measures failed and require replacement?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are any additional/revised BMPs necessary in this area?    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA \_\_\_\_:

1. Brief Description:	
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2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO
3. Have any control measures failed and require replacement? ☐ YES ☐ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

**Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.**

1. Corrective Action #			of			for this reporting period.
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☐ An update on a corrective action from a previous annual report; or

☐ A new corrective action?

- ☐ Unauthorized release or discharge
- ☐ Numeric effluent limitation exceedance
- ☐ Control measures inadequate to meet applicable water quality standards
- ☐ Control measures inadequate to meet non-numeric effluent limitations
- ☐ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☐ Other (describe): \_\_\_\_\_

5. Date problem identified: 

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☐ Comprehensive site inspection

☐ Quarterly visual assessment

☐ Routine facility inspection

☐ Benchmark monitoring

☐ Notification by EPA or State or local authorities

☐ Other (describe): \_\_\_\_\_

9. Date corrective action initiated:     |     |     | /     |     | /     |     |     |

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

## 1. Compliance Certification

If NO, summarize why you are not in compliance with the permit:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_

Title: | | | | | | | | | | | | | | | | | | | | | |

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_